

Why Montana i-home for Youth and Families in Montana? 4

EXHIBIT
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How does Montana i-home stack up?

Montana i-home is designed to meet the needs of youth who have similar mental health needs to those placed in out of home treatment.

- Youth who have at least **one** stay during the year in either a psychiatric residential treatment facility (PRTF) or a therapeutic group home (TGH) have average Medicaid mental health costs of over \$55,000 annually (includes all mental health services).
- Youth enrolled in demonstration PRTF **waiver** (1915c) have Medicaid mental health expenses of approximately \$2,100 per month (approximately \$1,300 is for PRTF Waiver services). If a youth was in the PRTF waiver for twelve consecutive months, the total mental health costs averaged approximately \$25,000. This total of \$25,000 per year includes mental health expenditures for both state plan services and waiver services.
- The average time a Medicaid youth actually spent in the waiver was about six months out of the year. If a youth left the waiver, and entered a higher and more expensive level of care, costs increased. Calculating the total mental health costs of youth in the waiver from the first date of enrollment in the waiver through the next twelve month period yields an average 12-month cost of approximately \$35,000.
- All youth enrolled in the waiver received High Fidelity Wraparound facilitation (HFWA). This service, plus nine others, accounted for 62% of the mental health expenditures of enrolled youth.
- Waiver services included: wraparound facilitation, in-home therapy, family support services, caregiver peer-to-peer services, customized goods & services, respite, non-medical transportation, consultative clinical and therapeutic services, and education & supports. The four new **Montana i-home** services are: co-occurring mental health and substance abuse treatment, specialized evaluations, youth peer-to-peer support, and crisis intervention.
- The **Montana i-home** service package, with the additional four services, will increase the amount and percentage of an enrolled youth's mental health expenditures. However, on average, the total mental health expenditures are anticipated to be less than the \$55,000 mental health expenditure if a youth were not enrolled in the Montana i-home program and had at-least one stay in either a PRTF or group home facility. **In other words, the Montana i-home will cost the same or less than PRTF or TGH and will allow a youth to stay in his or her home in the community.**

The cost data only tell half the story. Here are some quotes from youth and families who participated in the waiver:

"I'm going home. My family wants me."

a youth

"They came to my home."

a mother

"My son has been successfully in public school for one year; the longest period of time in the past 3 years. This success was because of the PRTF Waiver program and the skills I and my son learned from high fidelity wraparound."

a mother

"My family learned to communicate."

a youth

Why Montana i-home for Youth and Families in Montana?

In July 2003, a Presidential commission released a report that brought federal attention to providing home- and community-based services (HCBS) for children and youth with mental illness rather than placing them in psychiatric residential treatment facilities (PRTFs). To address these barriers, the Home-and Community-Based Alternatives to PRTFs Medicaid Demonstration waiver program was created by Congress in 2005 (P.L. 109-171).

This demonstration waiver grant program allowed up to ten State grantees, including Montana, to provide alternatives to out-of-home PRTF placement for youth with SED for five years in five Montana communities. The grant allowed Montana to test different services and program approaches and evaluate the successes of these approaches. At the end of the demonstration waiver, Montana had served 169 youth. Nationwide, over a four-year period, more than 4,000 children/youth were served in the Demonstration waiver.

The **national evaluation** of the Demonstration waiver concluded that Congress's statutory requirements were met by the program, noting that:

- 1) "Overall, the Demonstration waiver has consistently enabled children/youth to maintain their functional status while in the waiver program. In many instances, program participants had **improved level of functioning** in several areas. Furthermore, outcomes appear to be improving over time."
- 2) "Indeed, there is strong evidence that the Demonstration waiver **costs substantially less** than the institutional alternatives. Over the first three waiver years across all state, waiver costs were no more than 31 percent of the average per capita total Medicaid costs for services in institutions – an **average per capita saving of \$40,000.**"

At the state level, the waiver program was successful enough in meeting cost and treatment expectations that Montana applied for a state plan amendment to allow the same services allowed in the waiver program to be reimbursed as state plan Medicaid service to a targeted population on a statewide basis. Montana i-home is the program available to qualifying youth that covers these services. **The goal of Montana i-home program is to serve youth in a community setting rather than an out-of-home placement.** This goal is consistent with both federal (CMS and SAMSHA) guidance as well as **court decisions in two states** that have mandated the use of community-based services. An added benefit of this best practice model is that it has been shown to improve long-term success for youth and their families.